Patient's name: ________________________________

Social insurance number: ________________________

BasicSling is easy for the caregiver to apply and it gives the patient a feeling of security. It features leg sections, which means that the patient does not sit on the sling. Instead, the sling provides support from the tailbone up to the shoulders and under the legs. BasicSling is designed for use in most common lifting situations such as transfers from bed to wheelchair, etc.

**Functional inspection**

**Visual and mechanical inspection**
Check the condition and function of the sling regularly. Always inspect the product after laundering. Check to ensure that seams and material are free from damage. Check to ensure that fabric is not worn or faded. Apply load to the device and check to ensure that clasps, handles, etc. withstand heavy load. If there are signs of wear, the product must be discarded.

**Which size is used?**
- [ ] XX-Small
- [ ] X-Small
- [ ] Small
- [ ] Medium
- [ ] Large
- [ ] X-Large
- [ ] XX-Large

**Which material is used?**
- [ ] Polyester
- [ ] Polyester net
- [ ] Plasticized net

**Accessories**
- [ ] SoftLegSupport
- [ ] AdjustmentLoop
- [ ] StrapsPadding

**Which slingbar is used?**

**Leg support placement:**
- [ ] Crossed
- [ ] Overlapped
- [ ] Each leg separate

Version 1 111019
Instructions for use

Can the sling be left under the patient in the wheelchair?  [ ] Yes  [ ] No

Can the sling be used for transfers to/from the toilet?  [ ] Yes  [ ] No

Can the sling be used in showering situations?  [ ] Yes  [ ] No

Loop alternatives/AdjustmentLoop

Have staff that use the assistive device:
Read the instructions?  [ ] Yes  [ ] No
Received practical instruction in patient transfers?  [ ] Yes  [ ] No

Instructions to personnel:
e.g.; Raise the bed side rail on the side towards which the patient is to be turned. Placement of head/ arms/hands?
Placement of legs/feet? Use bed functions.

Number of caregivers: 

Instructions to patient:
e.g.; In what way can the patient participate actively in the transfer situation? Which instructions are used?

Other:

Trial-fitted by: ____________________________  Date: ____________________________
Phone: ____________________________

Handicare AB
Veddestav. 15, Box 640
SE-175 27 Järfälla
SWEDEN
Tel: +46 (0)8-557 62 200
Fax: +46 (0)8-557 62 299
E-mail: info@handicare.se

Internet: www.handicare.com

In the events of changes or questions, contact the trial-fitter.
Manuals and instructions for functional testing are available on Handicare’s website www.handicare.com